

Paper

‘Doctor - when can I drive?’ – Advice obstetricians and gynaecologists give on driving after obstetric or gynaecological surgery

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ABSTRACT

Advising patients when to drive after surgery is a common practice which gynaecologists need to do on a regular basis as a part of their duty to patients. We carried out a literature search regarding advice given on driving after gynaecological surgical procedures, and found no study or research on this area. We then carried out a questionnaire survey of 99 gynaecologists in Northern Ireland. We have identified wide variation in clinical practice, and advocate a United Kingdom wide survey and further studies to find out optimum time to drive after different gynaecological surgeries. There is a need for national guidelines on driving after surgery, which would be of great benefit to gynaecologists, patients, motor insurers, police and all other interested parties.

Key Words: Advice, Driving, Gynaecological Surgery

INTRODUCTION

The Driver and Vehicle Licensing Agency (DVLA; DVLNI in Northern Ireland) advises drivers wishing to drive after surgery should establish with their own doctors when it is safe to drive¹. The DVLA regulation states that it is the responsibility of the driver to ensure that he/she is in control of the vehicle at all times and to be able to demonstrate that is so, if stopped by the police. It also suggests the driver to check with his/her insurance company before returning to drive after surgery. Insurance companies suggest that they would not advice on this matter and they would accept Consultant's or General Practitioner's advice on this^{2,3}. Thus the onus is on doctors to give advice on driving after gynaecological surgery. However there is no evidence in the literature to guide us with this advice. In the absence of guidelines, we surveyed gynaecologists regarding the advice given on driving after surgery. It is the first survey of its kind in obstetrics and gynaecology in the United Kingdom (UK).

MATERIALS AND METHODS.

We carried out an anonymous Postal Questionnaire survey of all 99 consultants and Specialist Registrars in Obstetrics and Gynaecology in Northern Ireland. It included a prepaid reply envelope, and was based on a previous validated questionnaire survey conducted on advice on driving after inguinal hernia repair⁴. It contained questions about advice to drive after common obstetric and gynaecological surgeries including laparoscopic sterilization, operative laparoscopy, abdominal and pelvic surgeries, vaginal repair surgeries, and Caesarean section. We asked if they were aware of DVLA/DVLNI regulations regarding driving after surgery, and what the basis of their advice was, and would they like any guidelines regarding the same. No reminders were sent.

RESULTS

Of the 99 questionnaires sent, 68 were returned; a response rate of 68.69%. The majority of gynaecologists who responded were not aware of the DVLA/DVLNI regulations regarding driving after gynaecological surgeries. (72% not aware, 22 % aware and 6% didn't answer the question).

Most respondents advised their patients (56%) when to drive postoperatively. The advice given when exactly to drive after different surgeries varied (table I). Advice given on simple operative procedures such as laparoscopic sterilization would vary with one of respondents advising to wait at least 3 weeks. With major operations like abdominal or pelvic or vaginal repair surgery or caesarean section, roughly half would advise to wait until 6 weeks after operation, with others advising less than 6 weeks.

Most Respondents (n = 55, 80.9%) replied that common sense and traditional practice was the basis of their advice. 7.3% of respondents (n = 5) said advice of insurance companies was the basis of their advice.

The most common response for the reason for not driving post surgery was the inability to perform an emergency stop (70.6%, n=48). Most respondents (82.3%, n = 56) said that they would like to have guidelines on advice to be given.

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DISCUSSION

The advice given by gynaecologists regarding post operative driving after different gynaecological surgeries is inconsistent. Since gynaecological practice in NI is similar to the rest of the UK, we believe this is representative of practice in the UK.

The ability to perform an emergency stop is fundamental for safe driving. After gynaecological surgeries, the efficiency with which an emergency stop can be executed is dependent on the reaction time and unimpaired, pain free movement of the lower limbs.

Two studies performed after inguinal hernia repair suggest that the patients can drive one week after open hernia repair^{5,6}. Wright *et al* carried out a randomised controlled study comparing driving reaction time after open and endoscopic tension free inguinal hernia repair. They found that patients can return to driving one week after the operation compared to earlier advice of ten days or more⁵. Colin *et al*⁶ advised that patients should not drive for 10 days after hernia repair.

Considering that most gynaecological abdominal surgeries and caesarean section are done by transverse suprapubic incision, which is similar to the incision used for open inguinal hernia, it may be best practice to use that advice after gynaecological surgeries. If such advice were followed and confirmed by research it would lead to earlier driving after gynaecological surgeries with potential social and economic benefits to patients.

The only current source of advice is patient advice leaflets⁷⁻⁹. General advice from patient information sources suggests that patients can usually start driving 3-4 weeks after gynaecological surgery. The exception would be if a patient

has had repair surgery in which case the advice is to postpone driving until 6 weeks after the surgery. Patients should make sure before their first journey that they are comfortable doing an emergency stop. They should be certain that they have the strength to press on the brake pedal hard enough to stop at speed. They should also be aware of the position of the seat belt in relation to the site of their surgery. Finally, patients should also check with their insurers who may have additional requirements, which might leave the driver uninsured if an accident were to occur. In our personal communication with major insurance companies and as reported by Giddins^{2,3} most felt that:

- a) The Patient should take the advice of their doctor if any was given. Failure to do so would probably invalidate the insurance.
- b) Any disability notifiable at law should be reported to insurers
- c) If the patient followed her doctor’s advice, felt safe to drive and then drove in a reasonable way, she would be covered by her insurance.

Ismail⁴ conducted a national survey of UK consultant surgeons on advice given regarding driving after groin hernia surgery. They had identified serious deficiencies in the advice given to patients. They had also advocated UK national guidelines. We agree with their recommendation and feel that there should be UK national guidelines for postoperative driving.

CONCLUSION

We have identified wide variation in practice on advice on post operative driving after gynaecological surgeries in NI. We

TABLE I
Gynaecologists advice regarding when to drive after different Gynaecological Procedures.

	Laparoscopic Sterilization		Operative Laparoscopy		Vaginal Repair Surgery		Abdominal /Pelvic Surgery		Caesarean Section	
As soon as they want or comfortable	29	42.6%	10	14.7%	03	04.4%	03	04.4%	05	07.4%
As soon as they can do emergency stop	20	29.4%	20	29.4%	17	25%	12	17.7%	13	19.1%
Immediately	00	00	01	01.5%	00	00	00	00	00	00
24-48 hours	03	04.4%	02	02.9%	00	00	00	00	00	00
One week	05	07.4%	07	10.3%	01	01.5%	00	00	02	02.9%
Two weeks	00	00	04	05.9%	03	04.4%	03	04.4%	02	02.9%
Three weeks	01	01.5%	03	04.4%	02	02.9%	02	02.9%	06	08.8%
Four to five weeks	00	00	03	04.4%	10	14.7%	08	11.8%	00	00
Six weeks	00	00	08	11.8%	27	39.7%	36	52.9%	34	50.0%
More than 6 weeks	00	00	00	00	01	01.5%	02	02.9%	01	01.5%
Don't advise / not applicable	01	01.5%	03	04.4%	00	00	00	00	01	01.5%
No Response	03	04.4%	04	05.9%	02	02.9%	01	01.5%	02	02.9%
More than one response	06	08.8%	03	04.4%	02	02.9%	01	01.5%	02	02.9%

advocate further research in the form of UK national survey of consultant gynaecologists on the advice given to find out the practice at national level. Further research should be carried out on the optimum time to drive after different surgeries. There is an urgent need for national guidelines on driving after surgery as expressed by majority of our respondents. It will be of great benefit to gynaecologists, GP's, Patients, insurers, police and other interested parties.

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